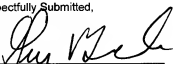


# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Weers et al.	Group No: 1617
Application No: 10/751,342	Examiner: Carter, Kendra D
Confirmation No: 7605	Attorney Docket No: 53311-US-CNT (NV.0190.00)
Filed: December 31, 2003	
Title: AEROSOLIZABLE PHARMACEUTICAL FORMULATION FOR FUNGAL INFECTION THERAPY	November 24, 2010 San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b> <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
<b>Via EFS</b>	Extension (Months)	Extension Fee	
<input type="checkbox"/> Response to Non-Final Office Action		Large Entity	Small Entity
<input type="checkbox"/> Associate Power of Attorney Statement	<input type="checkbox"/> One Month	\$130.00	\$65.00
<input checked="" type="checkbox"/> <b>Appeal Brief</b>	<input type="checkbox"/> Two Months	\$490.00	\$245.00
<input type="checkbox"/> Drawings (Formal)	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
<input type="checkbox"/> Supplemental Information Disclosure Statement	<b>Total \$ 0.00</b>		
<input type="checkbox"/> PTO-SB08 Form	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		
<input type="checkbox"/> Citations			
<input type="checkbox"/> Terminal Disclaimer			
<input type="checkbox"/> Postcard for Return (1)			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	47	98	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	8	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						<b>\$0.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>	
Extension Fee	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or	
Appeal Brief	\$540.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<b>Total</b>	<b>\$540.00</b>		
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ <u>0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <b>\$540.00</b> .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: <b>NOVARTIS AG</b> Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080	
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically submitted via EFS on the date shown below:		Respectfully Submitted,  By: <u>Guy V. Tucker</u> Date: <u>November 24, 2010</u> Guy V. Tucker Registration No. 45,302	
By: <u>Melanie Hitchcock</u> Date: <u>November 24, 2010</u> Melanie Hitchcock			